

**UNIVERSITY BAPTIST CHURCH  
YOUTH MEDICAL & LIABILITY RELEASE FORM**

This form (1) gives your permission for your child to ride in church transportation and (2) gives group leaders authorization to secure medical aid for your child should it be necessary during a youth event.

I, \_\_\_\_\_(Print Parent/Guardian's Name) hereby give permission

for my child, \_\_\_\_\_ (Print Minor Child's Name) to be transported to and from University Baptist Church Youth events in church vehicles or other transportation arranged by the church. I further authorize representatives of University Baptist Church to retain or acquire medical care and treatment necessary as a result of injury or illness occurring while my child is participating in a youth event and to utilize my insurance policy for such care. Medical care professionals are authorized to furnish care as directed by the representative of University Baptist Church presenting this document. I further agree to indemnify and hold harmless from responsibility University Baptist Church, its employees, agents, representatives and group leaders in the event of sickness or accident involving my child.

This release shall remain in force until revoked in writing on this form as provided below. Alterations to the accompanying medical history and insurance information form shall not affect the validity of this release.

\_\_\_\_\_  
Signature of Parent/Guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My  
commission expires \_\_\_\_\_.

\_\_\_\_\_  
, Notary Public

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**Revocation**

I, \_\_\_\_\_ (Print Parent/Guardian's Name), hereby revoke the above  
executed medical and liability release.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date